Child and Adult Care Food Program Reviews: What to Expect

The Colorado Department of Public Health and Environment-Child and Adult Care Food Program (CDPHE-CACFP) staff conducts reviews to ensure compliance with USDA regulations for the Child and Adult Care Food Program among all participating Institutions. During the review, CACFP consultants also provide technical assistance in necessary Program areas, nutrition education, and best practice guidance.



The CACFP Nutrition Consultant conducting the review will evaluate records for a single month, which is specified prior to the review, but may need to access records from prior months to complete the assessment. The consultant will also observe a meal and/or snack service and inspect the kitchen and food storage areas during the review. If the site(s) receive food services from a contracted vendor, the Nutrition Consultant will also visit the food preparation site of the vendor.

The checklist below includes all forms and records the Nutrition Consultant will need during the review. Please gather and organize these records for the specified month and provide them to the Nutrition Consultant on the day of the review.

Refer to the CACFP Child Care Manual or Adult Day Care Manual for detailed information about CACFP requirements. Access the CDPHE-CACFP website at http://www.cdphe.state.co.us/ps/cacfp/index.html to download required forms and other references.

ADMINISTRATIVE RECORDS

| <u>M</u> | aster Roster: | | | | |
|--|--|--|--|--|--|
| | List of all enrolled participants, who were present during the review month, and their respective income eligibility category (Free, Reduced, Paid). This list should be alphabetical with last name first. | | | | |
| <u>In</u> | Income Eligibility Forms (IEFs) (Child Care, Outside School Hours, Head Start, and Adult Day Care Sites Only): | | | | |
| | Income Eligibility Forms for participants categorized as Free and Reduced. Alphabetize these forms. IEFs must be valid for the month selected for the review. Include any forms for participants for whom meals were claimed during the review month, but are no longer enrolled. Keep separate any forms for participants who were not enrolled during the claim month. Head Start sites must also obtain a list of all children who are enrolled in the Head Start program and who are Head Start income eligible. The list must be signed by a Head Start official. | | | | |
| Record of Meals Served (ROMS) for the Review Month: | | | | | |
| | ROMS forms for the selected review month, for all meals claimed for reimbursement. The ROMS must include the name of the participants for which meals are claimed, income eligibility categories, dates, and meal types. If applicable, include ROMS for infant meals. | | | | |
| Time-in/Time-Out Records (Child care, Outside School Hours, and Head Start Sites Only): | | | | | |
| | Time-in/time-out records for the review month, which are signed by the parents/guardians of children in care. If the site uses computerized records, the CACFP Nutrition Consultant will request a printout of records for a sample of children at the time of the review. | | | | |
| Records of Attendance (Adult Day Care, At-risk After School Snack Programs, and Homeless Shelters Only): | | | | | |
| | Records of attendance for all participants at the site during the review month selected. For homeless shelters, the Nutrition Consultant will request records for a sample of participants. | | | | |
| Enrollment Records (Child Care, Outside School Hours, and Head Start Sites only): | | | | | |
| | Enrollment records for all children listed on the ROMS: The Nutrition Consultant will request a sample of these records. | | | | |
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| Re | cord of Deposit: | | | | |
|------------|--|--|--|--|--|
| | Documentation of the deposit of the CACFP reimbursement for the review month into the Institution's bank account. Acceptable documentation may be a copy of a bank statement, online bank statement printout, deposit slip, or accounting ledger (acceptable for organizations with multiple departments). | | | | |
| Do | cumentation of Eligibility for the Selected Review Month (For-Profit Child Care Sites Only): | | | | |
| | CCAP billing statements for the review month and record of CCAP payment (remittance statement) if the site bases eligibility upon the percentage of CCAP (Title XX). The Nutrition Consultant may request child care certificates, if needed. | | | | |
| | IEFs and enrollment roster if the site bases eligibility upon the percentage of Free and Reduced children enrolled. | | | | |
| <u>Tra</u> | ining Records: | | | | |
| | Documentation of staff training related to CACFP, completed within the previous and current fiscal year. | | | | |
| <u>Lic</u> | enses (Licensed Child Care Sites Only): | | | | |
| | Current child care license issued by the Department of Human Services, Division of Childcare. | | | | |
| Civ | ril Rights Requirements | | | | |
| | Complete the Civil Rights Compliance Form prior to the review and give it to the Nutrition Consultant. | | | | |
| | The Nutrition Consultant will ensure the "And Justice for All" poster is posted at all participating sites reviewed. | | | | |
| FC | OOD SERVICE OPERATIONS RECORDS | | | | |
| Kit | chen Inspection Report: | | | | |
| | Copy of the most recent health and sanitation inspection conducted. | | | | |
| Inv | oices and Receipts: | | | | |
| | Organized receipts and/or invoices for purchases and donations of food, milk, and food service supplies during the review month, including any invoices for contracted food services. Include documentation of purchases made and donations received during the last week of the month prior to the selected review month. If applicable, include procurement records relating to contract food services, such as documented quotes from vendors contacted prior to selection. | | | | |
| Foo | od Service Labor Records: | | | | |
| | Records to support any labor costs supported by the CACFP reimbursement during the selected review month. These records may include pay stubs and time and effort summaries for staff members with CACFP related duties. | | | | |
| <u>Me</u> | Menus: | | | | |
| | Copy of the menu served during the review month and current menus posted in a location visible to the public. The posted menus must include the non-discrimination statement. | | | | |
| Me | nu and Production Records: | | | | |
| | Menu and production records for the review month for all meals claimed for reimbursement and individual menus and production records for meals claimed for infants (under the age of 12 months) in care during the month, if applicable. If a contracted vendor provides meals and/or snacks, the Nutrition Consultant will review production records prepared by the vendor for all meals. | | | | |
| Fo | rmula Decision Forms (Child Care Sites Caring for Infants Only): | | | | |
| Spe | Formula Decision Forms for all infants consuming formula (not required for breastfed infants). | | | | |
| | Special Diet Statements for participants who cannot consume one or more of the CACFP Meal Pattern components for medical reasons. | | | | |

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SPONSORS OF CENTERS (MULTI-SITE INSTITUTIONS ONLY)

The CACFP review of Institutions sponsoring more than one site participating in the CACFP will entail complete reviews of a percentage of sites, which may or may not be announced. The sponsoring organization must provide the following records:

| tollo | following records: | | | | |
|-------|--|--|--|--|--|
| Site | e Visit Documentation: | | | | |
| | Documentation of site visits conducted during the previous and current fiscal year. | | | | |
| Ho | usehold Contact Policy: | | | | |
| | Documentation of household contacts that were conducted during the previous and current fiscal year, if applicable. | | | | |
| Adı | ministrative Cost Records: | | | | |
| | Records to support any administrative costs supported by the CACFP reimbursement during the selected review month. These records may include receipts and invoices for administrative goods and services and pay stubs a time and effort summaries for administrative labor. | | | | |
| Site | e Records: | | | | |
| | | | | | |
| | e CDPHE-CACFP hopes to make the review a pleasant experience and a valuable opportunity for Institutions to eive technical assistance. | | | | |
| Ple | ase contact the Nutrition Consultant assigned to the Institution you represent with any questions! | | | | |
| Nu | utrition Consultant Phone Number | | | | |
| | Child and Adult Care Food Program Colorado Department of Public Health and Environment PSD-CAC-A4 | | | | |
| | 4300 Cherry Creek South Drive, Denver, Colorado 80246-1530 | | | | |

(303) 692-2330



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CACFP Civil Rights Compliance Form

| stitu | ution / Center Name: | Agreement # | |
|-------|---|---|--|
| ıme | of Person completing Form | Title | |
| | ease answer the following questions and provide riew. | the completed form to the consultant at the start of the CACF | |
| 1. | | area or advertise? | |
| 2. | Is the non-discrimination policy statement used parents/guardians and to the public?Yes□ | on all materials used to publicize the CACFP to No□ If No, Explain: | |
| 3. | | made available to the public upon request? | |
| 4. | English speaking parents/guardians? | egarding the availability and benefits of the CACFP to non- | |
| 5. | Do all persons use all services and facilities rou | tinely without regards to race, color, national origin, sex, age, | |
| 6. | Do enrollment procedures restrict enrollment to If Yes, Explain: | minority persons? Yes□ No□ | |
| 7. | | ed before participants can enroll? Yes□ No□ If Yes, | |
| 8. | Describe how the Institution/center maintains da | ata regarding racial/ethnic background of enrolled children? | |
| 9. | Explain any verbal or written complaints of discr | rimination prior to this review: (No complaints received □) _ | |
| 10. | Was required annual Civil Rights training of staf no. please indicate the date when this training w | f completed within the past 12 months? Yes□ No□ If vill be completed. | |

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.